


# Master Problem List

Date / Initial	Active Problems	Outcome / Date(s)
	1.	
	2.	
	3.	
	4.	
	5.	
	6.	
	7.	
	8.	
	9.	
	10.	

Initials	Signature	Signature	Initials

**Alert / Allergies:**

 <p><b>Public Health</b> Seattle &amp; King County HEALTHY PEOPLE. HEALTHY COMMUNITIES.</p>	<p>Public Health – Seattle &amp; King County 999 Third Avenue, Suite 900 Seattle, WA 98104 Phone: 206-205-5819 Fax: 206-205-6236 TTY Relay: 711</p>	Client Name: _____
		HR #: _____
		D.O.B.: _____

Distribution: **White – Health Records**